IAP07Rec'd PCT 07 MAR 2008 07 PTO/SB/17 (10-07)

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Effective on 12/08/2004. Sets pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				pplication Num	ber	10/510,822-Conf. #3817							
FEE TRANSMITTAL			F	Filing Date		August 1, 2005							
			F	First Named Inventor		Eric Anderson							
For FY 2008			E	Examiner Name		K. Fernstrom							
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit		3711							
TOTAL AMOUNT OF PAYMENT (\$) 160.00			Α	Attorney Docket No. 39281-20									
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order None Other (please identify):													
x Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee													
Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17													
FEE CALCULATION		4.10				-		-					
1. BASIC FILING, SEARCH	, AND EXA	MINATION FEES											
	FILIN	NG FEES	SEAR	CH FEES	EXAM	INATION FEES							
Application Type	Fee (\$)	Small Entity Fee (\$) F	ee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees Pa	id (\$)					
Utility	310	155	510	255	210	105	100010	<u> (4)</u>					
Design	210	105	100	50	130	65	•						
Plant	210	105	310	155	160	80							
Reissue	310	155	510	255	620	310							
Provisional	210	105	0	0	0	0		· · · · · · · · · · · · · · · · · · ·					
2. EXCESS CLAIM FEES				•			Sr	nall Entity					
Fee Description							Fee (\$)	Fee (\$)					
Each claim over 20 (includi	_	,					50	25					
Each independent claim over	er 3 (includ	ing Reissues)					210	105					
Multiple dependent claims					_		370	185					
				Paid (\$) Multiple Depe									
HP = highest number of total clai	ms paid for if	25 =	\$10	<u>) </u>		ee (\$)	Fee Paid (\$)						
	•	_	Fee Pai	d (\$)	-		•						
-=	×	 =											
HP = highest number of independent	dent claims pa	id for, if greater than 3.											
3. APPLICATION SIZE FEE		1100 1			,	C1 1	.						
If the specification and dra listings under 37 CFR													
sheets or fraction there					or sinan	ching) for each a	danional 50						
	tra Sheets			itional 50 or frac	tion there	eof Fee (\$)	Fee Pa	id (\$)					
100 =		/50 =	(ro	ound up to a who	le number) x	=						
4. OTHER FEE(S)							Fees Pa	aid (\$)					
Non-English Specification Other (e.g., late filing su	-	•		•	et mont	h	\$60.	00					
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Name (Print/Type) Steven J.	Schwarz		•			Date	March 7, 2	2008 i					

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